



KIMBERLEY DRISCOLL  
MAYOR

CITY OF SALEM, MASSACHUSETTS  
**LICENSING BOARD**  
93 WASHINGTON STREET, 2<sup>nd</sup> FLOOR  
SALEM, MA 01970  
TEL. 978-745-9595 EXT. 5631  
FAX 978-744-1279

ROBERT M. ST. PIERRE, CHAIRMAN  
PAUL FLORES  
RICHARD C. LEE

MELISSA PAGLIARO,  
CLERK OF THE BOARD

### **REQUIREMENTS FOR A LODGING HOUSE LICENSE**

1. An application is required for more than three rooms.
2. If the applicant is a Corporation you must submit a Vote of the Corporation and Articles of Organization.
3. The application must be advertised in the Salem News for one day. (this office will supply the legal notice, the applicant is responsible for publication). The original advertisement must be submitted to this office.
4. Abutter notification is required. (this office will supply you with a certified list of abutters, the applicant is responsible for certified notification).
5. The license will specify the number of rooms allowed.
6. Licenses are renewable every December for the following year.
7. License fee is Fifty Dollars for the calendar year.
8. Routing slip signed by all City Departments.



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**LODGING HOUSE RENEWAL APPLICATION**  
**(PLEASE COMPLETE ENTIRE FORM)**

NAME: \_\_\_\_\_

ADDRESS OF LODGING HOUSE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A CORPORATION:  YES  NO

CORPORATE NAME: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

DO YOU LIVE ON THE PREMISES: \_\_\_\_\_

IF NOT, HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ MGR's CONTACT # \_\_\_\_\_

MANAGERS EMAIL ADDRESS: \_\_\_\_\_

TOTAL NUMBER OF ROOMS: \_\_\_\_\_

NUMBER OF ROOMS **WITHOUT** KITCHEN OR PRIVATE BATH: \_\_\_\_\_

NUMBER OF ROOMS **WITH** KITCHEN AND PRIVATE BATH: \_\_\_\_\_

LOCATION OF REGISTER: \_\_\_\_\_

MAXIMUM NUMBER OF ROOMERS: \_\_\_\_\_ PRESENT NUMBER: \_\_\_\_\_

TYPE OF HEAT: \_\_\_\_\_

WHEN IS HEAT STARTED: \_\_\_\_\_

WHEN IS HEAT STOPPED: \_\_\_\_\_

IS CONSTANT HOT WATER PROVIDED: \_\_\_\_\_

**FEE \$100.00 FOR THE FIRST  
FOUR ROOMS, \$25.00 FOR  
EACH ROOM AFTER.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**APPLICATION & PAYMENT DUE BY DEC 15<sup>th</sup>**